

## CLAIMS ONLY

**Application Number**

-Filing Date-

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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21						
22						
23						
24						
25	1					
26		1				
27		1				
28						
29						
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	1					
Total Depend	13					
Total Claims	KL					

May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep						
Total Depend						
Total Claims						

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